

# PRACTICE IMPROVEMENT STEERING COMMITTEE

January 12, 2012 Meeting, 9:00 am-Noon

Michigan Association of CMH Boards Building, 426 South Walnut Street, Lansing, 48933

## 1. Welcome and Introductions-Steve Wiland

### Phone:

Steve Sheldon (WCHO)  
Diane Cranston  
(Lifeways)  
Heather Kovacs  
Ron Kidder (Muskegon)  
Liz Knisely (MDCH)  
Ginny Reed (Saginaw)  
Lucy Olsen (Northcare)  
Leonard Smith (Flinn  
Foundation)  
Phil Cave (Genesee)  
Elaine Thomas (Detroit-  
Wayne)

Mary Marlett Dumas  
(Northern)  
Laura Vrederfeldt (TSG)  
Cathleen Colbat  
Shawn Bennett

### Attending:

Nora Barkey (MDCH)  
Connie Conklin (MDCH)  
Colleen Jasper (MDCH)  
Tom Stedham (Thumb)  
Karen Amon (Access  
Alliance)  
Steve Wiland (MDCH)

Jim Wargel (Macomb)  
Darren Lubbers  
(Lakeshore)  
Sheri Falvey (MDCH)  
Alyson Rush (MDCH)  
Kathy Haines (MDCH)  
Mark Ragg (EMU)  
Cafelis Palmes (D-W)  
Karen Cashen (MDCH)  
Dave Schneider (North  
Country)  
Jim Dillon (MDCH)  
Mike Vizena  
(MACMHB)

2. Minutes from the last PISC meeting were approved without modification.

3. Agenda adopted with no changes.

## 4. Focus on Innovation/Advancement

- EBP Sustainability Study findings update (Handout)-Mary Ruffolo, U of M; the grant is trying to develop a standardized transfer to web-based core elements; it has a built in supervisory model (content experts/coaches), will be following up to see implementation successes
  - 1<sup>st</sup> handout "-Common Skills Across EBPS for Adults; 4 regions have volunteered to test, others showed interest.
  - 2<sup>nd</sup> handout -subset of general skills needed.
  - Test group of supervisors/clinicians/workers will pilot and revise to prepare for all workers to get basic competencies prior to EBP training
  - 3<sup>rd</sup> handout (sent via email during meeting- a pyramid built from policy and values, through specific practice knowledge.
  - Reactions and discussion –discussion about children’s EBP and note that older adults and consumer/peers weren’t included within the EBPs. Mary will follow up. A suggestion that material could be right to be incorporated into the developing improvingmipractices.org website. Other discussion about software, tools, outcomes, and measuring the strength of change (OARS).
  - Mary will develop modules by priority; supervisors to provide feedback as will staff. Will it be useful? Is it the best supervision model? What works best?
- Integrated Health Care Competency Development (handout) - Dave Schneider, N. Co. CMH; has contracted with Missouri’s Carl Wilson. The focus is on developing a plan to move to specific staff competencies for effective care integration and management. Dave would like to see this implemented across the state.
  - a. As Dave said, ‘take it from 30,000 feet down to ground level’. Has been discussing this initiative with Liz Knisely and reports the Department if supportive of the work; in the model, CMHSPs will be health homes to SMI, SED, DD, and SUD populations.
  - b. Steve Fitton is currently reviewing the materials. Perhaps CMHSPs should begin to identify strategic thinkers as change agents to build a train the trainer core.
  - c. Perhaps crosscutting principles have overlap that can be useful in a HC setting.
  - d. There are no models to work from, but MO has set good examples.
  - e. Sec. 2703 details 2 conditions, SMI or 1 condition and risk for another (WHAT?)

- f. QM has Medicaid and health Plan Data and Fee for Service Data for FY 10 can be broken out in many ways, but the Medicare piece is missing.
- g. Feedback welcome!
- h. Update on improvingMIpractices.org
  - i. Public side is up; a place for people to get accurate and detailed information to people
  - ii. Private –participants need a registered email address; populated with approximately 1,000 public behavioral health workers; others being added. Includes behavioral health wiki, on-line learning modules for competency-based knowledge transfer, clinical supervision content experts available through scheduled chat times, forums available to all.
- i. Question about adding some on-line therapies for consumers, some evidence suggest that it is helpful; request to alphabetize the practices, request for notification when content changes.

5. MACMHB-

- a. Spring Board Association Conference in planning process for topics. Traditionally this conference has had a focus on EBPs.
- b. There is an expectation that in 6 weeks the State will issue a proposed plan for dual eligibles; helpful for direction of skill building, and other plan elements; more information will be coming out over the next couple of months; core skill building and competencies. Perhaps a presentation on multi-payer grants; awareness coordination, better health care, service links and resulting better health; public health is involved.
- c. Discussion of IMR; David Lind (through Mary Marlette Dumas) - a service delivery model that incorporates all common elements and expands each evidence base without losing fidelity (they implemented IMR beginning 10/1/11) ; several groups will expand, there are 10 modules, very CBT based (being billed in NH as CBT); perhaps further discussion that DCH use MA encounter health code for CBT?
  - IMR is huge in the UP; peers spontaneously recognized IMR; uses online ATA software, with Case Management and Peers, reimbursement available doesn't make it suitable for an outpatient setting. Perhaps a focus on administrative development will decrease the stunted production from line workers. Both need to be informed for implementation that is sustainable, looks at outcomes and whole life improvements over straight fidelity.

6. Behavioral Health and Developmental Disabilities Administration Updates; Liz Knisely, MDCH

- a. Holding quarterly meetings with Executive Directors, PIHPs, Primary Care Practitioners, and Behavioral Health related to the consolidation of PIHP, CMHSP and Coordinating Agencies. Meetings are exploring proposed configurations.
- b. Further work on simplification of internal, site reviews, contracts and block grant projects reviews with a goal of reducing burden on agencies, combining CA and Site Review and continuing CMS and quality services.
- c. The April 2013 federal community block grant application will require a combined MH and SA application. The application must match the department's strategic plan.
- d. Trauma Initiative-a position paper will be coming out for comments, this includes DD, children and families, recipient rights, etc. Subcommittee now being formed. PISC, Recovery Council, ACMI and other groups will have the opportunity to review.
- e. Proceeding forward with the Integrated Care Initiative, waiting to hear if a proposal putting peers in primary care settings, submitted to NASMHPD is funded.
- f. The updated strategic plan for FY 12-14 will be coming up on the departmental website.
- g. Children's behavioral health received a \$200,000 two year grant for screening children's social and emotional development in Wayne County; if concerns are raised, a consultant is available for assessment and service. Trying for a focus on abused and neglected children. MA, MSA, health plan and kids behavioral health and health and Human Services are working together.
- h. Brief discussion on FY 12 block grant funds. In FY 11, CMHSPs received \$70,000 non-competitive funds to develop a system of care for people with SMI who have no source of insurance; FY 12 PIHPs received \$130,000. \$3.5 million to let for next contract year.

## 7. Discussion /Updates on EBP Development & Implementation

- a. Trauma Initiatives (discussed above)
- b. Updates (as indicated) from existing PISC Subcommittees/workgroups
  - i. Assertive Community Treatment- Alyson Rush; Subcommittee has finished working on a draft revision of ACT. Revision and current ACT Medicaid Manual Standards are included in Agenda documents.
  - ii. Family Psychoeducation-Alyson Rush; Learning Collaboratives are fantastic, well attended with lots of active participation. Last LC presented DBT and FPE; next LC will present Motivational interviewing and Co-occurring Disorders within FPE. April 27 & 27 are reserved dates for FPE facilitator training.
  - iii. (1) Discussion off the HH and TG modifiers and the need for a clearly worded advisory, (a draft of which has been disseminated as a PISC supporting document for any additional input)  
  
(2) Discussion and planning for the upcoming Cross-cutting and Integrated Practices Conference, to be held in Lansing on June 18-19th, the content of which will be focused on skill-building and knowledge transfer in practice areas that our field is indicating the need to advance.
  - iv. Children's EBPs (PMTO, TF-CBT, etc.) Connie Conklin; PTMO-We have added an additional region in our state due to number of clinicians so we currently have 8 regional coordinators. We have reduced the number of training days from 18 to 14 days with the next statewide training starting in March. Qualitative evaluation by MSU interviewing 20 parents for perception of most important core components: encouragement, skill building, limit setting, emotional regulation. Parents report that the following aspects of PMTO made the biggest impact: the use of role play, how therapists worked professionally and clinically with family, and encouragement. The biggest reason for retention was that the model worked so parents were more engaged and willing to continue. Trauma focused CBT-cohort 7 & 8 beginning.
  - v. WMU has approached MDCH as it is interest in teaching PMTO in the school of social work..
  - vi. Measurement-Kathy Haines; Axis Alliance-Janice Panter, Health Services Advisory Group on consumers and healthcare.
  - vii. DD & MI Subcommittee-Nora Barkey; 9 priority areas have been identified. DD is high cost and poor outcomes. Building on prevalence, service utilization, cost and critical incidents. Suggested changes and comments to the handouts can be mailed to Steve or Nora.